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CASE STUDY

# A Trojan horse approach to changing mental health care for young people through service design

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**ABSTRACT**

This case study describes 'First Line', a multi-year service design project focused on changing mental healthcare for young people that was conducted through collaboration between Experio Lab and Första linjen in Karlstad, Sweden. The project reflects a 'Trojan Horse' approach to changing healthcare in that service design was brought in by the clinical team based on the explicit agenda of developing new digital mental health services for young people. However, bringing in service design also came with the somewhat hidden agenda of supporting new ways of working within the context of mental healthcare. This case study tells the story of the overall project, how this 'Trojan Horse' approach to change through service design unravels and the benefits and tensions amid the complexity.

## Introduction

According to Greek mythology, after years of efforts the Greeks finally conquered the city of Troy by constructing a large wooden horse, called a 'Trojan Horse', in which men were hiding. When it seemed as if the Greeks had retreated, the Trojans willingly pulled the wooden horse into their city as a trophy. As the story goes, the men inside the horse escaped at night and opened the gates for the rest of the Greek army to enter the city. This strategy of using tangible objects as a carrier for other 'hidden' strategic activities is an acknowledged approach when leveraging design to catalyse change in complex systems (Hill 2012). One can see significant parallels to the 'Trojan Horse' approach in how service design is working to catalysing change within healthcare systems today. Service design is often brought in as a means for developing new services, yet what is often hidden or implicit for project stakeholders are the transformative intentions of the service design process to shift existing ways of working.

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Many healthcare organizations around the globe are investing in service design as a means of realizing new services (Burns et al. 2006; Mulgan 2014). Service design is a human-centred, collaborative, creative and iterative approach (Blomkvist, Holmlid, and Segelström 2010; Meroni and Sangiorgi 2011) often associated with new service development (Holmlid, Wetter-Edman, and Edvardsson 2017). Service design involves an approach as well as a set of methods and tools that helps people collaboratively work toward creating preferred futures (Wetter-Edman et al. 2014). The approach involves a process of co-design with diverse stakeholders and includes methods like ethnographic research, visualizing user experiences and prototyping (Stickdorn and Schneider 2010). Increasingly, though the service design process is being recognized as a catalyst for organizational change and transformation (Junginger 2015; Malmberg 2017; Sangiorgi 2011).

As such, within the healthcare space, transformative aims are sometimes being 'snuck' into service design projects that have been established primarily with to create additive service innovations. This paper presents a case study of one such service design project, called the 'First Line' project or 'Första linjen' in Swedish. The First Line case study tells the story of a service design project that utilized the new service development process as a way to build capacity for new ways of working and catalyse culture change within the organization. Looking back on the project, the new digital services acted as a Trojan horse that was willingly brought into the clinical team, unlocking unexpected transformative changes in the process.

## Case study overview

For children and young people in Sweden with mild to moderate mental health issues, there has been a gap in services compared to the service availability for those with severe mental health issues (SALAR 2015). To bridge this gap, a new level of care was developed called First Line. First Line is a line of public services that supports the initial intake for children, young people and their families seeking help for non-severe mental health issues (SALAR 2015). This service line has been built-out nationally in Sweden and tailored based on local and regional conditions. In the City of Karlstad, First Line services are a cooperation between the County Council of Värmland and five surrounding municipalities. Karlstad has a physical clinic that opened in April 2015. The First Line clinic serves children and young people between the ages of 6 and 20 years of age and has as an ambition that everyone should get a first appointment within a week of contacting the clinic.

As a new concept and a new clinic, there was an intention by the leadership and staff of First Line to develop new services to increase engagement with children and young people. For this purpose, a project was set up in collaboration with Experio Lab. Experio Lab is an embedded design-driven initiative within the

healthcare system in Sweden initiated in the City of Karlstad. It brings patients, families, healthcare staff and other stakeholders together to create services that make a difference in people's everyday lives. Experio Lab started out as a three-year project in 2013 and has since become a national movement with sister labs in five other counties throughout Sweden. The hope was that collaborating with Experio Lab and using a service design approach to integrate patient resources would provide good opportunities for developing valuable new services.

The vision of the First Line project was to help create the conditions for a mental health clinic that meets young people on their own terms. The project charter highlighted the dual objective of: (1) developing new services that take into account that young people today are digital natives – a generation that have spent their entire life in the digital age and can be seen as 'native speakers' of digital technology (Prensky 2001), and (2) building capacity for new ways of working with children and young people, where young people are actively involved based on their conditions and needs. While both objectives were articulated in the project charter, the first objective was the focus of communication to project stakeholders and the driving factor of the service design process. Figure 1 illustrates the overall service design process for the project and general timeline for the phases of activities that took place. The process was based on the typical double diamond design process (Design Council 2006) with the addition of a preparatory stage upfront.

The authors of this article have all been involved in the development and implementation of the First Line project at various stages, in the roles of a service designer and two embedded researchers at Experio Lab. The reflections reported on this case are based on an ethnographic approach that employed participant observation, interviews with project stakeholders, and a review of project documentation – including presentations and designers' project journals. The authors of this article have individually kept notes on this case and
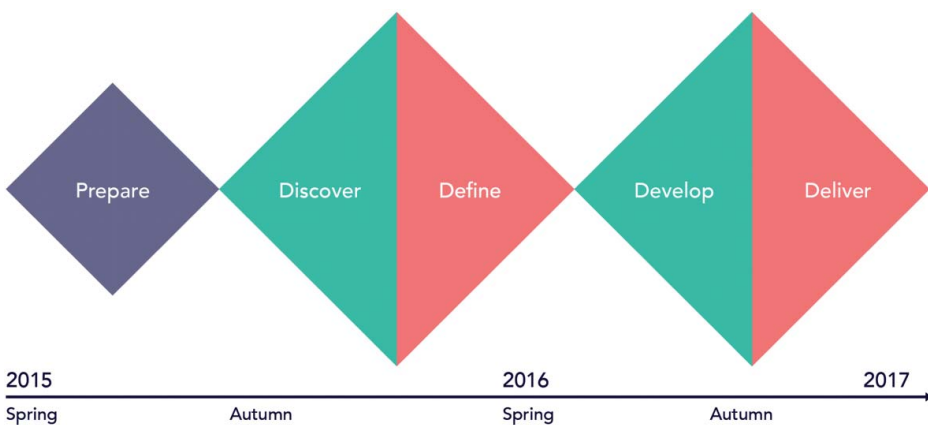


**Figure 1.** Stages in the service design process of the First Line project.

collaboratively mapped out key findings from this thick material and project experiences.

## Explicit and hidden agendas

As previously mentioned, new service development was the most explicit goal; it attracted the interest of the clinical staff at First Line and gained the support of County Council management. In addition, it was recognized that there would be the opportunity for some capacity building with staff that could contribute to shifting existing ways of working with young people in mental healthcare. However, while this goal was openly discussed within the project team, this was not made explicit to all clinical staff and was not often discussed in meetings with management. Figure 2 highlights these two aspects of the strategy, the explicit and hidden agendas, and the key milestones within the service design process in relation to each aspect. The following sections unpack this entangled approach to change in more detail.

## New service development

The First Line project spanned over a period of 20 months. It started in Spring 2015. After a quick crash course in design, a multidisciplinary design team was formed consisting of two staff members from the clinic, one social worker and one mental health educator, together with two service designers from Experio Lab. Over the course of a year, this smaller design team collaborated on a new service development process focused on enhancing the accessibility of early help for young people. The two service designers led most of the practical
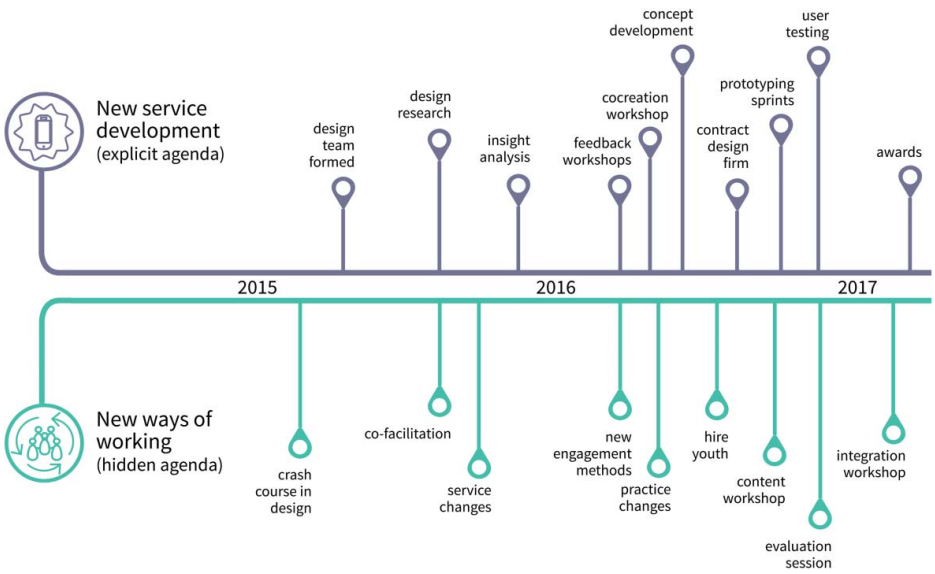


**Figure 2.** The explicit and hidden agendas of the First Line project and key milestones.

service design work, including doing visualizations, planning workshops, conducting insight analysis and so on. The two clinical staff members on the design team were involved in this work, with their main focus on connecting with other organizations and supporting the engagement of young people in the various planned activities. The entire clinical staff was also invited to participate in events and workshops held by the team, such as the concept development workshop shown below in Figure 3.

A number of digital concepts for new services were prototyped with young people and First Line staff. One of these concepts was given funding to support prototyping and aid in developing a beta-version (see Figure 4). This was done in collaboration with Oceans Observations, a design firm that brought in expertise in digital prototyping.

The service development process resulted in a new web service – hurmårdu.nu (howareyou.now in english) – that will help young people to understand and express their feelings as well as easily, safely and comfortably contact the First Line clinic. The service uses emojis, symbols and a chat format to lower the threshold for those seeking help at an early stage. This new web service – hurmårdu.nu – was recognized with a national grant for innovation in health services. Management sees the solution as an interesting prototype for a different type of engagement between young people and the organization that could



**Figure 3.** Concept development workshop with young people, First Line staff and other stakeholders.

**Figure 4.** User testing of the new digital service – hurmårdu.nu.

potentially become scaled to other parts of the organization if successful. The launch of the new service is planned for 2018. During the fall of 2017, a pilot phase is being prepared where the web service will be tested, evaluated and further developed. Thus, the most tangible outcome from the service design process is the new web service mentioned above, where most the work has been focused.

## New ways of working

The only deliberate and separate activities to catalyse new ways of working were the initial crash-course in service design and an integrative workshop at the end of the prototyping and testing process. The initial crash-course in service design was held for the entire staff team and clinic manager at the First Line clinic. This was planned and conducted by a designer from Experio Lab, together with a researcher in service design and a researcher with expertise in communication. The course provided the team with both theoretical and practical experiences of service design. However, after that, much of the change in the ways of working seemed to be catalysed by the involvement of the two clinical staff members that were a part of the design team. At the end of the new service development process, there was recognition of the need for greater diffusion of design knowledge and methods so the full clinical staff team was invited to an integrative workshop to reflect on the process. While limited in its reach, the approach did seem to catalyse some changes in the current ways of working within the mental health clinic.

The designers and staff that made up the project team recognized the importance of involving diverse stakeholders, especially young people, throughout the new service development process. The value of this involvement led to the hiring of one young person to play a leading role in the entire service development process. In fact, the project was also awarded with a prestigious national stipend, Psynkpriset 2016 (Psynk award) awarded by SALAR, for the purposeful engagement of young people throughout the process.

Meaningful involvement of young people within the new service development process enabled new types of interactions and was a key catalyst for shifting existing ways of working within the First Line clinic. For example, after one clinical staff member participated in workshops with young people in the early stages of the project and listened to their experiences, this staff member started to change how they answered the phone when young people first contacted the organization. This staff member reflects on making this change saying:

> When we started this First Line, people called in here, they would tell about their problems and that they wanted help. It was very clear for me in the design process ... that it is not that easy to talk on the phone to someone you have never seen. Now, when I answer the phone ... because that is part of my job, then I don't ask so much ... And I could defend why I do this in front of my colleges. I had this girl – she phoned from the toilet at school. I can't ask her, "what do you eat, how do you sleep?" It is not okay. It was clear in the design process when we talked to young people.

In addition, an important goal for the staff was to reach out to young people and create awareness of the clinic's existence and the potential support they can offer. This has traditionally been carried out through meetings and visits at schools where the staff informed students about the clinic, what they do, and how to reach them. Oftentimes this has been done through one-way communication with the staff as the experts spreading the necessary information to young people in Karlstad. Throughout the service design process, when First Line staff engaged directly with young people, for example through collaborative workshops, the approach of the staff toward engagement seemed to change. The staff went from seeing themselves as experts to seeing the resourcefulness and knowledge of the young people that participated. One of the employees reflected on this sentiment in a follow-up interview:

> They were so good these youngsters. Some of them came to the big workshop at the County Council and they just took over. They talked to the press, talked to the politicians. They were so cool.

For clinical staff to make the shift from being an expert to being someone who truly listens and learns is quite a significant move. This shift was in-part driven by meeting young people who did not immediately need their help, but were in a similar life situation as those who came into the clinic. Additionally, the design workshops invited them to actively collaborate with young people and let go of

their expert role. As highlighted by one staff member below, staff perceived this opportunity as both fun and a valuable learning experience:

> It was very rewarding to meet young people who didn't seek your help. Now you could change your position – you are the experts and I am here to learn. It was very fun. Usually young people come to us with a problem and we need to be the experts. Now it was the opposite. We were the listeners. That is always very fun and educational. That is empowering for the young people. We are not here to educate them, they are educating us.

Although staff stated that it was rewarding to meet young people that did not need professional help, several of the participants in the workshop did contact the clinic for help afterwards. These experiences seem to lead to alternative ways for the clinic to connect with young people. For example, inspired by this process First Line staff have led a set of workshops at schools where the purpose was both to make contact and to deepen the staff's understanding of important issues in the young people's lives.

Furthermore, through the project, clinical staff slowly seemed to recognize that service design offered a multitude of methods and tools that could help them make change within their organization. One clinical staff member reflected on the value of service design by saying: 'It is a powerful tool. It connects other parts of your brain when you put [service] into different forms – you can make theatre, you can make role-play – different ways. It is a good idea, though I am not used to it'. The designers could see how staff involvement in the service design process stimulated different ways of working, beyond the particular services that were being developed. Involvement in service design seemed to give staff an opportunity to explore questions that they otherwise were not able to. As one designer mentioned: 'It feels like they [clinical staff] have been able now during prototyping to ask questions that they always wanted to ask, but have never been able to within the format of treatment'.

The clinical staff discussed their newfound recognition for the importance of widening their perspective from the narrow delivery of clinical services. One staff member reflects on that sentiment by saying: 'I think that what I take from the design process is to take a step back. Not just in the design process, but also in the work'. Still, despite the recognized value of the approach there was a palpable tension in investing time in service design as a new way of working. In the words of one staff member: 'every minute we put in this project, our visitors have to stand back'.

In summary, somewhat ad hoc shifts in the ways that staff members were working within the context of mental health services were seen within the duration of the service design project. However, to enhance capacity building efforts, greater engagement by all stakeholders in the project was recognized by the project team as a necessity. There has been awareness from the designers of the lack of explicit capacity building activities, given their agenda, but there were notably little resources in the project process to include these aspects. Close to

the end of the project, the designers developed a prototype for a methods book for new ways of working for First Line clinics and the goal of new ways of working was again brought forward to County Council management and funding authorities. However, in the end these ideas were given little attention within the shadow of the new digital service being developed.

## Reflections on the Trojan horse approach

The 'Trojan Horse' approach to making change in healthcare through service design enabled some important results, but also came with significant tensions and trade-offs. In the case of the First Line project, the promise of innovative digital solutions catalysed necessary investments in the project from the County Council leadership, management of First Line and external stakeholders. At the same time, that investment of time and money was directed at the most explicit goal of new service development, rather than the goal of catalysing new ways of working in the mental health system. As such, the project effectively supported the development of a new digital service for young people, which included involving staff, young people and other stakeholders in the service design process. This involvement helped to create, at least temporarily, new ways of working related to patient engagement, prototyping and experimentation.

At the same time, there were significant challenges with balancing goals related to new ways of working against the rapid new service development timeline and lack of investment by management and clinical staff in additional activities. Often clinical staff were unable or unmotivated to invest extra time in capacity building and larger change efforts where they did not see it as necessary to move the development of the digital service forward. Furthermore, ownership for these new ways of working was held within the project team, leaving lingering questions about how long these changes will continue without ongoing support and inspiration. The Trojan Horse approach brings with it feeling of imposition and unwanted activity. Upon reflection, it seems that what is needed is not an approach for 'changing them over there' within the healthcare system, but rather a collective effort to change that is understood and driven by reflexive stakeholders. This was increasingly recognized by the design team as the First Line project progressed, acknowledging the need for greater engagement, transparency and staff leadership to drive the intended changes.

There is something intriguing with the strife for new service development, when there is also an acknowledged awareness of the need for changing existing ways of working. In fact, service design has long recognized that the 'front-stage' user experience is intimately connected with the 'back stage' organizational processes (Bitner, Ostrom, and Morgan 2008), but perhaps this needs to be made more explicit to project stakeholders. As has been pointed out, the tension between new service development or innovation and capacity building is not unusual (Bailey 2016; Malmberg 2017; Wetter-Edman and Malmberg 2016). Furthermore, there is a need to critically reflect on the unintended

consequences of different approaches to culture change through design in the public sector (Aguirre et al. 2017; Kimbell and Bailey 2017). In this case, the Trojan Horse was the promise of new digital services, but the process of realizing this change was not fully communicated with all stakeholders involved. This case study suggests that there may be value in being more deliberate, explicit and collaborative in the process establishing, questioning and working toward related goals of service design projects in healthcare contexts.

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## Disclosure statement

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## Funding

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